

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

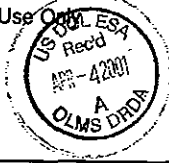
Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use



1. FILE NUMBER

5 1 4 - 0 3 9

2. PERIOD COVERED

MO DAY YEAR
From 0 1 0 1 2 0 0 0
Through 1 2 3 1 2 0 0 0

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:

(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

4. AFFILIATION OR ORGANIZATION NAME
HERE FEDERATION OF UNIVERSITY EMPLOYEES

5. DESIGNATION (Local, Lodge, etc.)
LOCAL

6. DESIGNATION NUMBER
34

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?
(If "No," provide address in Item 75.)

Yes ☒ No

8. MAILING ADDRESS (Type or print in capital letters.)

First Name

L A U R A

Last Name

S M I T H

P.O. Box • Building and Room Number (if any)

Number and Street

4 2 5 C O L L E G E S T R E E T

City

N E W H A V E N

State

C T

ZIP Code + 4

0 6 5 1 1

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number

13

See Page 18 for additional information.

14

See Page 18 for additional information.

21

See Page 18 for additional information.

Stmt A,

Items 26 and

33

See Page 18 for additional information.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED

LAURA SMITH

3 1 3 9 1 0 1

Date

Telephone Number

PRESIDENT

(If other title,
see instructions.)

77. SIGNED

DUANE E. MELLOR

0 3 1 2 9 1 0 1

Date

Telephone Number

TREASURER

(If other title,
see instructions.)

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 2 7 7
19. What is the date of your organization's next regular election of officers? MO: 0 5 YEAR: 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 4 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>SEE ITEM #75</u> per _____ (Month, Year, etc.)
(b) Initiation Fees	\$ <u>3 MTHS DUES</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>SAME AS DUES</u> per <u>MONTH</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes: ☐ No: ☒
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 1 4 — 0 3 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash.....	1	2 8 1 8 1 7	1 7 1 3 3 6
	26. Accounts Receivable.....			
	27. Loans Receivable.....		5 2 5 0	3 2 5 0
	28. U.S. Treasury Securities.....			
	29. Investments.....	2		
	30. Fixed Assets.....	5	8 5 3 6 4	5 2 4 0 7
	31. Other Assets.....	3		
	32. TOTAL ASSETS.....		3 7 2 4 3 1	2 2 6 9 9 3
LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....	8		
	34. Loans Payable.....		1 8 6 9 3 1	1 5 9 2 7 0
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4	1 1 3 7 9	9 5 5 4
37. TOTAL LIABILITIES.....		1 9 8 3 1 0	1 6 8 8 2 4	
38. NET ASSETS (Item 32 less Item 37).....		1 7 4 1 2 1	5 8 1 6 9	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 1 4 - 0 3 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 0 4 8 9 3 2	56. To Officers	9		3 4 2 2
40. Per Capita Tax				57. To Employees	10		2 7 4 8 1 5
41. Fees			2 2 5 4 7	58. Per Capita Tax			3 6 7 4 8 9
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		3 2 3 6 5 6
44. Work Permits				61. Educational & Publicity Expense ...			4 8 8 1
45. Sale of Supplies			1 3 0	62. Professional Fees			3 8 3 5 6
46. Interest			7 0 6 7	63. Benefits	11		4 8 3 6 0
47. Dividends				64. Contributions, Gifts & Grants	12		1 8 4 3
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			3 2 5 5 3
50. Loans Obtained	8			67. Withholding Taxes			8 2 7 5 1
51. Repayments of Loans Made	1		2 0 0 0	68. Purchase of Investments & Fixed Assets	7		5 9 2 4
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf			2 8 8	70. Repayment of Loans Obtained	8		2 7 6 6 1
54. Other Receipts	14		1 0 1 1 6 3	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			3 8 3
				73. Other Disbursements	15		8 0 5 1 4
55. TOTAL RECEIPTS			1 1 8 2 1 2 7	74. TOTAL DISBURSEMENTS			1 2 9 2 6 0 8

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 5 1 4 _ 0 3 9

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: LOCAL 35 Purpose: NEGOTIATION EXPENSES Security: NONE Terms of Repayment: 250/MO	5,250	0	2,000		3,250
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	5 2 5 0		2 0 0 0		3 2 5 0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 5 1 4 - 0 3 9

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. NTFC PHONE - CAPITAL LEASE	9,554
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	9 5 5 4
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 1 4 — 0 3 9

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	78,234	25,827	52,407	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	78,234	25,827	5 2 4 0 7	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 1 4 0 3 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1PHONE SYSTEM	4,618	4,618	4,618
2DESK, CHAIR, SHREDDER, COMPUTER TABLE, MICROWAVE	1,306	1,306	1,306
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	5,924	5,924	5,924
	7. Less Reinvestments		
	8. Net Purchases		5 9 2 4
Enter the Total from Line 8 in Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1 HERE - INT'L UNION	186,931		27,661		159,270
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	1 8 6 9 3 1		2 7 6 6 1		1 5 9 2 7 0
Enter the Totals from Line 6 in Item 34 Item 50 Item 70 Item 75 Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 1 4 — 0 3 9

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. <small>Last Name</small> S M I T H <small>First Name</small> L A U R A		6 5 3		1 0 0 0		1 6 5 3
Title P R E S I D E N T	Status C					
2. <small>Last Name</small> P A R K E R <small>First Name</small> S I R L E S T		1 3 7				1 3 7
Title V I C E P R E S I D E N T	Status C					
3. <small>Last Name</small> F L I N T <small>First Name</small> A L E X I S		4 5 2				4 5 2
Title V I C E P R E S I D E N T	Status N					
4. <small>Last Name</small> Y O U N G <small>First Name</small> M A R Y L I N		2 3 5				2 3 5
Title R E C O R D I N G S E C Y	Status C					
5. <small>Last Name</small> M E L L O R <small>First Name</small> D U A N E		0		5 4 1		5 4 1
Title S E C Y - T R E A S U R E R	Status C					
6. <small>Last Name</small> S C O T T <small>First Name</small> L E E A N N		5 6 3				5 6 3
Title T R U S T E E	Status N					
7. <small>Last Name</small> F R I G O <small>First Name</small> D O N A L D		2 8				2 8
Title T R U S T E E	Status C					
8. Totals from additional pages (if any)		415		0		415
9. Totals of Lines 1 through 8		2,483		1,541		4,024
				10. Less Deductions		6 0 2
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements		3 4 2 2

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 1 4 - 0 3 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: B O I C E First Name: D I A N A Position: D I R . S U P P O R T S V C Name of Affiliated Organization:	3 7 2 9 0		3 4 3 8		4 0 7 2 8
2. Last Name: B O Y L E First Name: M I C H A E L Position: A T T O R N E Y Name of Affiliated Organization:	2 9 9 9 9				2 9 9 9 9
3. Last Name: C A R B O N N E A U First Name: M A R C Position: O R G A N I Z E R Name of Affiliated Organization:	2 7 2 7 7		4 2		2 7 3 1 9
4. Last Name: C O N L O N First Name: D E B O R A H Position: O F F I C E M A N A G E R Name of Affiliated Organization:	1 2 4 2 3		1 0 5		1 2 5 2 8
5. Last Name: C O N Y E R S First Name: L E S L I E Position: O R G A N I Z E R Name of Affiliated Organization:	1 0 2 6 8				1 0 2 6 8
6. Totals from additional pages (if any)	219,193		7,743		226,936
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	27,548		2,020		29,568
8. Totals of Lines 1 through 7	363,998		13,348		377,346
9. Less Deductions			1 0 2 5 3 1		
Enter the Total from Line 10 in Item 57 ⇨			10. Net Disbursements 2 7 4 8 1 5		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 5 1 4 — 0 3 9

Description (A)	To Whom Paid (B)	Amount (C)
1. MEDICAL	ANTHEM BC/BS AND CONNECTICARE	29,689
2. DENTAL	ANTHEM BC/BS DENTAL AND GUARDIAN	7,145
3. PENSION	UNION CENT LIFE INS CO & NATIONAL PLAN PLUS	6,769
4. YALE NEW HAVEN HOSPITAL	ANTHEM BC/BS, CONNECTICARE & GUARDIAN	4,757
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		4 8 3 6 0
Enter the Total from Line 6 Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. ORGANIZED CHARITIES	1,482
2. LABOR ORGANIZATIONS	361
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 8 4 3
Enter the Total from Line 8 in Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. INTEREST EXPENSE	1,339
2. FIDELITY BOND	1,314
3. INSURANCE	4,213
4. OFFICE RENT	13,993
5. POSTAGE AND DELIVERY	21,386
6. PRINTING AND REPRODUCTION	16,905
7. Total from additional pages (if any)	264,506
8. Total of Lines 1 through 7	3 2 3 6 5 6
Enter the Total from Line 8 in Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. ORGANIZING REIMB - INT'L UNION	65,298
2. SALARY & BENEFIT REIMBURSEMENTS	32,384
3. PAYROLL TAX REFUND	29
4. REPAY EXP PD ON BEHALF OF OTHER UN	3,197
5. REFUND - OFFICE SUPPLIES RETURNED	255
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 1 1 6 3
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. DUES REFUNDS	752
2. ORGANIZING EXPENSES	36,302
3. EVENT COSTS PD ON BEHALF OF OTHER UN	13,225
4. OTHER PAYROLL WITHHOLDINGS	20,382
5. UNION PROGRAM EXPENSES	9,853
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	8 0 5 1 4
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: HERE FEDERATION OF UNIVERSITY EMPLOYEES
ENDING DATE OF PERIOD COVERED: 12/31/00

FILE NUMBER: 5 1 4 - 0 3 9

PAGE 1 OF 5 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)				
Last Name: P R O T O First Name: N I N A Title: T R U S T E E Status: N	1 2 4				1 2 4
Last Name: P O T T E R First Name: K A T H R Y N Title: V I C E P R E S I D E N T Status: P	1 2 1				1 2 1
Last Name: M A Y F I E L D First Name: M A R C I A Title: V I C E P R E S I D E N T Status: P	1 7 0				1 7 0
Last Name: First Name: Title: Status:					
Last Name: First Name: Title: Status:					
Last Name: First Name: Title: Status:					
Last Name: First Name: Title: Status:					
Last Name: First Name: Title: Status:					
Totals	4 1 5				4 1 5

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

ORGANIZATION NAME:
 HERE FEDERATION OF UNIVERSITY EMPLOYEES

ENDING DATE OF PERIOD COVERED:
 12/31/00

FILE NUMBER: 5 1 4 - 0 3 9

PAGE 2 OF 5 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: C O O P E R First Name: E L I Z A B E Position: O R G A N I Z E R Name of Affiliated Organization:	3 0 4 1 2		6 6		3 0 4 7 8
Last Name: C O W A N First Name: A N G I E Position: O F F I C E A S S I S T A N T Name of Affiliated Organization:	1 6 4 2 8				1 6 4 2 8
Last Name: D I S T A N T E First Name: Y O L A N D A Position: B O O K K E E P E R Name of Affiliated Organization:	3 4 5 8 5		5 8		3 4 6 4 3
Last Name: D U G D A L E First Name: A N T H O N Y Position: R E S E A C H E R Name of Affiliated Organization:	1 7 5 2 3		1 4 4 7		1 8 9 7 0
Last Name: M A L O N E Y First Name: G E R A R D Position: O F F I C E M A N A G E R Name of Affiliated Organization:	2 6 6 2 1		2 5 8 5		2 9 2 0 6
Totals	1 2 5 5 6 9		4 1 5 6		1 2 9 7 2 5

ORGANIZATION NAME:
HERE FEDERATION OF UNIVERSITY EMPLOYEES

ENDING DATE OF PERIOD COVERED:
12/31/00

FILE NUMBER: 5 1 4 - 0 3 9

PAGE 3 OF 5 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name P E D R O L I N I	First Name T I N A	1 8 0 8 5				1 8 0 8 5
Position O R G A N I Z E R						
Name of Affiliated Organization						
Last Name R Y A N	First Name R O S E	2 4 9 0 4		2 2 9 9		2 7 2 0 3
Position O R G A N I Z E R						
Name of Affiliated Organization						
Last Name S C H L E S S I N G E R A L I D A	First Name	2 3 7 7 4		1 1 2 4		2 4 8 9 8
Position O R G A N I Z E R						
Name of Affiliated Organization						
Last Name S U R A C I	First Name J E S S I C A	2 6 8 6 1		1 6 4		2 7 0 2 5
Position M E M B E R S H I P C O O R D						
Name of Affiliated Organization						
Last Name	First Name					
Position						
Name of Affiliated Organization						
Totals		9 3 6 2 4		3 5 8 7		9 7 2 1 1

Continuation of LM-2 Labor Organization Annual Report

HERE FEDERATION OF UNIVERSITY EMPLOYEES
Affiliation or Organization Name

5 1 4 0 3 9
File Number

LOCAL 34
Designation/Number

Page 4 of 5

12/31/2000
Ending Period

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
OFFICE SUPPLIES	13,727
EQUIPMENT LEASES & MAINTENANCE	7,383
OFFICE CLEANING	7,313
CLASSIFIED ADS - HELP WANTED	307
BANK FEES	150
STORAGE	3,132
RECYCLING EXPENSES	553
TELEPHONE & COMMUNICATION	11,041
UTILITIES	4,118
MEMBERSHIP DUES	600
SALARY REIMB TO OTHER ORGANIZATIONS	188,136
FRUITS, FLOWERS & GIFTS	455
PAYROLL & PENSION SERVICE FEES	1,570
AUTO EXPENSE	65
MEETINGS, RESEARCH & EVENT REIMB	22,682

Continuation of LM-2 Labor Organization Annual Report

HERE FEDERATION OF UNIVERSITY EMPLOYEES
Affiliation or Organization Name

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12/31/2000
Ending Period

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
CAPITAL LEASE PAYMENTS (PRINCIPAL)	2,871
OVERPAYMENT OF PROF FEE	403

ITEM #75
SCHEDULE OF ADDITIONAL INFORMATION

HERE Federation of University Employees
425 College Street
New Haven, CT 06507

FILE # 514-039
FORM -- LM-2
YEAR END -- 12/31/00

ITEM #13

The Union disposed of various items for promotional and organizing purposes. The cost for all items was approximately \$1,000 in 2000. The Union also disposed of approximately \$24,000 in equipment that was fully depreciated and was no longer functional.

The Hotel Employees and Restaurant Employees International Union gave Local 34 \$11,250 in computer equipment and data cabinets.

ITEM #14

Audit performed by outside accountant, S.M. Esposito & Company, P.C., Certified Public Accountants.

Audit performed by parent body, Hotel Employees and Restaurant Employees International Union.

ITEM #21

Dues - Max rate - 2.25 times the hourly rate per month
Dues - Min rate - 1.80 times the hourly rate per month

STATEMENT A, ASSETS AND LIABILITIES, ITEMS 26 AND 33

The presentation of Statement A has been changed at December 31, 2000 to conform to the modified cash basis of accounting. This change was necessary to conform to the basis of accounting in which the books and records are maintained and all financial reports are prepared. Amounts previously reflected at December 31, 1999 in accounts receivable (Item #26) of \$14,668 and accounts payable (Item #33) of \$18,648 have been eliminated.

